BOSE MCKINNEY & EVANS LLP

Image .HF/3632

CUSTOMER NUMBER 25267

2700 First Indiana Plaza
135 North Pennsylvania Street
Indianapolis, Indiana 46204

Applicant: **Metz, et al.**

Serial No.: **09/629,524**

Filing Date: **August 1, 2000**

Title: **MEDICAL DEVICE SUPPORT ASSEMBLY**

Group: **3632**

Examiner: **Chan, K.**

Attorney Docket No.: **8266-0371**

MAIL STOP AF
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS (37 C.F.R. 1.16(c))	11	87	0	$18	$0
INDEPENDENT CLAIMS (37 C.F.R. 1.16(b))	1	13	0	$86	$0
If applicant has small entity status under 37 C.F.R 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	NO	$0
TOTAL FEE FOR ADDITIONAL CLAIMS					$0

___X___ An Extension of Time for __one__ month(s) is hereby requested under 37 C.F.R. 1.136(a). The required fee for filing this extension is: ___$110___

_____ Information Disclosure Statement _____

TOTAL FEE FOR THIS AMENDMENT ___$110___

___X___ A check in the amount of $__110__ to cover the total fee for this amendment is attached.

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to Bose McKinney & Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.

_Ryan C Barker_____
Attorney of Record
Printed Name: Ryan C. Barker
Registration No.: 47,405

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